

## Personnel Change Notice

**Current Information:**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Non-Exempt/Hourly: \$ \_\_\_\_\_ Exempt/Biweekly: \$ \_\_\_\_\_

Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> | Part Time Biweekly Hours: \_\_\_\_\_ | Location #: \_\_\_\_\_

**Change:**

Effective Date: \_\_\_\_\_

**Payment to be issued within two pay cycles of employee acknowledgement with signature and date**

Annual Evaluation

Change in Biweekly Scheduled Hours From: \_\_\_\_\_ to: \_\_\_\_\_

Department Transfer To: \_\_\_\_\_  Shift Change To: \_\_\_\_\_

Position Title Change: \_\_\_\_\_  Non-Exempt  Exempt

Promotion  Demotion  Lateral Transfer To: \_\_\_\_\_

New Location #: \_\_\_\_\_ Supervisor Change To: \_\_\_\_\_

Next Evaluation Date: \_\_\_\_\_

Temporary Assignment Outside of Class Per PPP | Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Stipend Reason: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

Paid Administrative Leave  Unpaid Administrative Leave | Start Date: \_\_\_\_\_

Paid Suspension  Unpaid Suspension | Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**New Hourly Rate:** \_\_\_\_\_ **or Biweekly Salary:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**New Semi-monthly Premiums:**

Short Term Disability	Long Term Disability	Health Insurance	Dental Insurance

**Note: Disability premium changes are effective the first of the month following your change in rate. Health/Dental/Buyout rate changes take effect in the payroll during which the change occurs.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LTC Department Head Initials: \_\_\_\_\_

O/DD: \_\_\_\_\_ Date: \_\_\_\_\_

Director of HR: \_\_\_\_\_ Date: \_\_\_\_\_

HR Initials: \_\_\_\_\_  
 HR Dir Initials: \_\_\_\_\_  
 PR #1: \_\_\_\_\_  
 PR #2: \_\_\_\_\_

If Applicable

BOC Signature: \_\_\_\_\_